

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

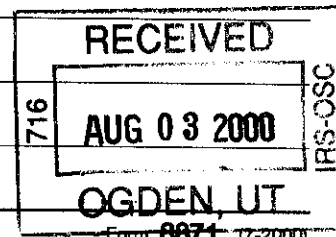
1 Name of organization Kansas Chiropractic Assn PAC		Employer identification number 48 0788329
2 Mailing address (P.O. Box or number, street, and room or suite number) 1334 S. Topeka Blvd		
City or town, state, and ZIP code Topeka, KS 66612		
3 E-mail address of organization KCA@Kansarchiro.com		
4a Name of custodian of records Sharol Couch	4b Custodian's address 1334 S. Topeka Blvd Topeka, KS 66612	
5a Name of contact person Dr. James Edwards	5b Contact person's address 1334 S. Topeka Blvd Topeka, KS 66612	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization

State political action**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
Kansas Chiropractic Association	Same control	1334 S. Topeka Blvd Topeka, KS 66612



10

9a Name

9b Title

9c Address

Signature of authorized official

Date _____

**Sign
Here**



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